

Nevada State Board of Dental Examiners

William G. Pappas, D.D.S.
President



Michael C. Lloyd, D.D.S.
Secretary-Treasurer

6010 S. Rainbow Blvd., Bldg. A, Ste. 1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

NOTIFICATION OF NAME CHANGE

I, _____ hereby certify I am currently licensed
Last Name First Middle
to practice dentistry/dental hygiene (circle one) in the state of Nevada and hold license number _____,
issued under the name of _____. I have
Last Name First Middle
assumed the name of _____, based on the
Last Name First Middle
following (check one): **Court Order** ____ **Dissolution of Marriage** ____
Marriage License ____ **Naturalization** ____ **Other** _____
(Specify)

The Nevada State Board of Dental Examiners will recognize a name change upon receipt of this completed notification and a copy of the legal document allowing the name change.

Signature _____ Date _____